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PENISTONE
URBAN DISTRICT COUNCIL



ANNUAL REPORT
of the
Medical Officer of Health
for the Year
1960



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PENISTONE URBAN DISTRICT COUNCIL.

HEALTH COMMITTEE, 1960

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STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health.

J. MAIN RUSSELL, M.B., Ch.B.(Edin.), B.Hy., D.P.H.

Snr. Asst. County Medical Officer.

J.J. SMITH, M.B., Ch.B., D.P.H.

Surveyor and Public Health Inspector.

D. TUTIN, M.A.P.H.I., Cert. S.I.E.J.B., Cert. M & F.I.

Additional Public Health Inspectors.

D.N. FURNISS, M.A.P.H.I., Cert. S.I.E.J.B., Cert. M & F.I.

R.C. STUTTLE, Cert. S.I.E.J.B., Cert. M & F.I.

Official address of Medical Officer of Health:

MORTOMLEY HALL, HIGH GREEN, SHEFFIELD

Tel. No. High Green 292.

PENISTONE URBAN DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health for
the year 1960.

To the Chairman and Members of Penistone Urban District Council.

Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Penistone Urban District for the year ended 31st December, 1960. As in previous reports I am including a few comments and statistics concerning the extent to which the Part III Services of the Local Health Authority are used within the district.

On studying the Vital Statistics for the year under review one notices that the Birth Rate has increased slightly and is just very slightly less than that for the whole of England and Wales. The corrected Birth Rate brings the rate to the equivalent of that for the West Riding Administrative County, at 16.9. The Crude Death Rate has increased very slightly, and after correction remains slightly above that for the Country as a whole and for the Administrative County of the West Riding. The Stillbirth Rate has fallen again in 1960, and is more favourable than that for the rest of the Country, although one cannot be satisfied that a rate of 17.5 per 1,000 live and stillbirths is satisfactory. Over the past four years there has been a steady decline in this rate in the Penistone Urban District, and one hopes that it will continue to decline. Certainly it is below the national average at the present moment. The Infantile Mortality Rate, unfortunately, has increased, and at 26.8 per 1,000 live births it is considerably higher than that for England and Wales and the West Riding Administrative County. There were in all three infantile deaths, a premature baby dying within the first week of life, one before the age of 3 months and one between the age of 3 and 6 months. It is doubtful if one could label the death due to prematurity as a preventable death, for there are many factors which might predispose to prematurity over which we have no control as yet, but I do think that a child who dies from Bronchopneumonia, which is an upper respiratory infection, can be labelled a preventable death. Very young infants are most liable to infection of the upper respiratory tract, and too much care cannot be taken to shield them from possible sources of infection.

The Principal Cause of Death, as one has come to expect in recent years, was Diseases of the Circulatory System, including Coronary Disease. This accounted for 41 deaths, nearly 50% of the total. Vascular Diseases of the Nervous System accounted for approximately 12%, and Malignant Diseases for nearly 11%. In this latter group there were two cases of cancer of the lung, three less than in 1959. It is rather distressing to have to report that six deaths were due to accidents, two of them road accidents involving motor vehicles, and four deaths following accidents in the home. Those four home accident deaths involved a child of 2, who died as a result of extensive scalds, two elderly females of 78 and 85 years respectively, who died as a result of falls, and a male of 83 years, whose death was accelerated as a result of some degree of burning of the legs.

I have said on several occasions that this question of Home Safety is one which is of supreme importance and this opinion seems to be supported here, at least, by this relatively high incidence of deaths from home accidents. I am glad that it has been agreed to establish in Penistone a Home Safety Committee. This Committee, in fact, had its inaugural meeting on the 10th November. Another matter in connection with home safety that might be mentioned here is that towards the end of the year I communicated

with every General Practitioner in the Division, and also with every General Hospital which serves the population of the Division, asking if I could have, at regular intervals, statistics of home accidents, giving the sex, age, nature of accident and what treatment was necessary (Hospital, Surgery or home). I supplied the General Practitioners with a form which would be collected by my Health Visitor at regular intervals. I must put on record here my thanks to those General Practitioners who have been so kind as to give me this information. I am very glad to report, too, that the Hospitals have been most helpful in this, and have been most co-operative.

The Infectious Diseases picture for the year is very satisfactory indeed. Other than Tuberculosis there were only 19 cases of Infectious Disease notified during the period under review and of those, 15 were cases of Whooping Cough. The other 4 cases were Scarlet Fever. The attack rate for Whooping Cough in Penistone was slightly higher than that for the rest of the Country but Scarlet Fever was less and, of course, the others were nil.

That part of the report dealing with Sanitary Circumstances has been prepared by Mr. Tutin, and I include his report completely in this document.

It is satisfactory to note that less than 2% of the total number of houses within the Urban District are not connected to a main sewer. Those houses are situated too far from existing sewers. In most cases there could be septic tank disposal and the Public Health Inspector is in touch with the owners of the properties, encouraging them to so improve the existing means of sewage disposal.

One unfortunate feature of sewage disposal in Penistone is the unsatisfactory Sewage Disposal Works at Springvale. These Works are grossly overburdened, and I would be failing in my duty not to emphasise that a potential danger exists. I know that you are anxious, too, about the situation, and I am glad that the Council are proceeding with certain investigations with regard to an improvement in this situation.

The water supply to the Penistone Urban District is provided by the Barnsley Corporation Waterworks. Of the 2,479 houses within the Urban District only 44 do not receive a piped supply from the main. Those 44 who do not receive such a supply are situated in parts of the district where no water main is available, but the private sources they use have been found to be both quantitatively and qualitatively (when tests were made) satisfactory. The water supply is principally borehole water, and although not tested before entering the system is chlorinated and tested both bacteriologically and chemically thereafter. The water is chlorinated before it enters the service pipes and samples have been taken throughout the distribution area. During the year a total of 195 samples were taken for bacteriological and chemical analysis, 130 at the four boreholes and the other 65 at the Spring's source. Only one sample at the Spring's source gave a small bacteriological count and this was soon corrected. No water supply in the area is plumbo-solvent

The Public Health Inspectors still spend a great deal of time in meat inspection at the Abattoir in the centre of the town. This work demands a high degree of skill, and it is satisfactory to know that my Inspectors have always managed to give an efficient service.

I would like to offer my thanks to the Chairman and Members of the Health Committee for their support during the year, and to the Clerk of the Council, for his personal help and counsel when required. I would like to acknowledge the help and co-operation I received from other members of the Council staff.

I would also like to put on record my appreciation of the help and loyal support which I have received throughout the year from the staff of the Public Health Department. Mr. Tutin and his staff have been most excellent colleagues.

In concluding this preamble I would like to acknowledge here the kind help and support which I have received from Dr. J.J. Smith, the Senior Assistant County Medical Officer, during the year.

I am,

Your obedient servant,

J. MAIN RUSSELL

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF.

The Penistone Urban District covers an area of 5,593 acres. The district is divided into 3 parts, Penistone, Thurlstone and Hoylandswaine.

The Rateable Value of the District at the 31st March, 1960 was £65,379, whilst the product of a penny rate was £247. 6s. 8d.

VITAL STATISTICS.

POPULATION.

The Registrar-General has given his estimation of the population at mid 1960 as 6,740. This is an increase of 40 as compared with 1959.

BIRTHS.

There were 112 live births registered in the district during the year. Of these 58 were males and 54 females. There were eight illegitimate births, 5 male and 3 female.

The uncorrected BIRTH RATE was 16.6 per 1,000 of the estimated population. After application of the Comparability Factor (1.02) issued by the Registrar-General, the corrected Birth Rate was 16.9.

STILL-BIRTHS.

There were two Still-births registered in the district during the year, both female.

DEATHS.

84 deaths were attributed to the district during 1960; these 40 were males and 44 females.

The CRUDE DEATH RATE was, therefore, 12.5 per 1,000 of the estimated population. By application of the Death Comparability Factor (1.00) the corrected rate was 12.5.

Set out below are tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates, with those rates for other parts of the Country. From these tables it can be seen how the district compares with the Country generally.

RATES PER 1,000 OF THE ESTIMATED POPULATION.

<u>Year.</u>	<u>England and Wales.</u>	<u>West Riding Administrative County.</u>	<u>Penistone U.D.</u>
<u>LIVE BIRTHS</u>			
1960	17.1	16.9	16.6
1959	16.5	16.5	15.8
1958	16.4	16.7	15.1
1957	16.1	16.6	16.7
<u>DEATHS (Crude Death Rates)</u>			
1960	11.5	11.5	12.5
1959	11.6	11.6	12.2
1958	11.7	11.9	11.8
1957	11.5	11.7	9.7
<u>STILL BIRTHS</u>			
(Rates per 1,000 Live and Still Births)			
1960	19.7	22.4	17.5
1959	20.7	20.4	27.5
1958	21.6	22.8	38.1
1957	22.4	23.9	51.3

INFANT MORTALITY.

There were 3 deaths of children under one year of age during 1960, equivalent to an Infantile Mortality Rate of 26.8 per 1,000 Live Births.

AGE DISTRIBUTION OF INFANT DEATHS.

Cause of Death.	Total									Total
	Under 1 wk.	1-2 wks	2-3 wks	3-4 wks	under 4 wks	1-3 mths	3-6 mths	6-9 mths	9-12 mths	under 1 yr.
Broncho-pneumonia	-	-	-	-	-	1	-	-	-	1
Prematurity	1	-	-	-	1	-	-	-	-	1
Intestinal obstruction	-	-	-	-	-	-	1	-	-	1

MATERNAL MORTALITY.

There were no maternal deaths during the year.

EPIDEMIC DISEASES.

There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

PRINCIPAL CAUSES OF DEATH.

<u>CANCER.</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Stomach	-	2	2
Lung	1	1	2
Breast	-	1	1
Other sites, including Leukaemia	3	1	4
<u>DIABETES</u>	1	1	2
<u>VASCULAR DISEASE OF NERVOUS SYSTEM</u>	2	8	10
<u>CIRCULATORY SYSTEM</u>			
Coronary Disease	11	6	17
Hypertension with Heart Disease	-	1	1
Other Heart Diseases	7	13	20
Other Circulatory Diseases	1	2	3
<u>RESPIRATORY SYSTEM</u>			
Influenza	-	1	1
Pneumonia	1	-	1
Bronchitis	4	1	5
Other diseases of respiratory system	-	1	1
<u>INFANT DEATHS</u>			
Congenital Malformations	1	-	1
<u>VIOLENCE</u>			
Motor Vehicle Accidents	1	1	2
All other accidents	2	2	4
<u>SUICIDE</u>	1	1	2
<u>OTHER DEFINED and ILL-DEFINED DISEASES</u>	4	1	5
All causes	40	44	84

AGE DISTRIBUTION OF DEATHS

<u>AGE GROUP.</u>	<u>MALE.</u>	<u>FEMALE.</u>
Under 1 year	2	1
1 - 10 years	1	1
10 - 15 years	-	-
15 - 25 years	1	1
25 - 45 years	-	3
45 - 65 years	10	7
Over 65 years	26	31
	<hr/>	<hr/>
TOTAL	40	44

INQUESTS.

Inquests were held on 9 occasions and in 4 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

NATIONAL HEALTH SERVICE ACTS, 1946/57.

Vital Statistics.

Live Births	112
Number	16.6
Rate per 1,000 population	7.1
Illegitimate Live Births per cent of total live births	
Stillbirths	2
Number	17.5
Rate per 1,000 total live and still births	114
Total Live and Still Births	3
Infant Deaths (deaths under 1 year)	
Infant Mortality Rates	26.8
Total infant deaths per 1,000 total live births	28.8
Legitimate " " " " legitimate live births	-
Illegitimate " " " " illegitimate " "	
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	8.9
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	8.9
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	26.3
Maternal Mortality (including abortion)	-
Number of deaths	-
Rate per 1,000 total live and still births	

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 49 cases of Infectious Disease were notified. They were as follows :-

Scarlet Fever	4
Measles	-
Pneumonia	-
Whooping Cough	15
	<hr/>
	19

AGE DISTRIBUTION OF INFECTIOUS DISEASES.

DISEASE	AGE GROUP										TOTALS	
	0 - 1 yr.	1 - 2 yrs.	2 - 3 yrs.	3 - 4 yrs.	4 - 5 yrs.	5 - 10 yrs.	10 - 15 yrs.	15 - 25 yrs.	25 - 35 yrs.	35 - 45 yrs.		45 - 65 yrs.	65 yrs. & over
Measles	1	1	1	1	1	1	1	1	1	1	1	1
Scarlet Fever	1	1	1	1	1	1	1	1	1	1	1	4
Whooping Cough	1	1	3	1	1	6	2	1	1	1	1	15
Dysentery	1	1	1	1	1	1	1	1	1	1	1	1
Food Poisoning	1	1	1	1	1	1	1	1	1	1	1	1
Acute Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1
Meningococcal Infection	1	1	1	1	1	1	1	1	1	1	1	1
Puerperal Pyrexia	1	1	1	1	1	1	1	1	1	1	1	1
Acute Poliomyelitis	1	1	1	1	1	1	1	1	1	1	1	1
TOTALS :	1	1	4	1	1	7	3	1	1	1	1	19

ATTACK RATE OF COMMONER INFECTIOUS DISEASES.

<u>Disease</u>	<u>England and Wales</u>	<u>West Riding Administrative County</u>	<u>Penistone U.D.</u>
Measles	3.48	2.81	0.00
Whooping Cough	1.27	1.95	2.22
Scarlet Fever	0.70	0.93	0.59
Pneumonia	0.32	0.32	0.00
Poliomyelitis (Paralytic)	0.01	0.00	0.00

SCARLET FEVER.

During 1959 we experienced quite a marked incidence of Scarlet Fever within the district. As was to be expected, towards the end of the year this incidence declined and during 1960, the period under review here, there were only 4 cases notified. Two of the cases were under the age of 3 years and one each between the ages of 5 and 10 years and 10 and 15 years. All 4 cases of Scarlet Fever were reported during the first quarter of the year, 3 during the month of February and 1 during the month of March. All the cases were reported from Penistone, 3 being admitted to the Kendray Hospital, Barnsley. The attack rate was 0.59, which was lower than that for the rest of the Country.

WHOOPIING COUGH.

There were 15 cases in all during the year, which is more than double the figure for 1959. The attack rate was a little higher than the rest of the Country and the 15 cases were all children under the age of 15 years, the highest number being in the age group 5 - 10 years. The principal district affected was Penistone, from where 13 cases were reported. The other 2 were reported from Hoylandswaine. I have no reports of any unfortunate complications in any of the cases reported.

Vaccination against Whooping Cough continues and during the year 91 children received the protective treatment, exactly the same number as in 1959. I feel that vaccination against Whooping Cough is becoming an accepted measure in early child life. Mothers seem to regard it as something that the child should have, and we find from work in the Clinic that there does not appear to be a great effort to persuade parents to have this done. Not one of those 15 cases referred to above had been immunised, so far as my records tell I am of the opinion that those children who have not as yet had this protective measure should receive it as soon as possible.

DIPHTHERIA.

One mentions this disease because it is important we do not forget it. Its absence throughout those last few years might have created a false spirit of complacency amongst the public at large.

Diphtheria is still a dangerous disease and it is being kept in check principally because the level of immunity to the disease amongst the population has remained above the safety level. It is essential that there be no slackening off in the immunisation routine, and it is most important that all young children should be protected as early in life as possible. In the Penistone Urban District during 1960 a total of 147 children received primary immunisation, 124 of them being under the age of 5 years and 23 between the ages of 5 and 15 years. Together with that number there were 82 children who received a reinforcing dose of the antigen at the age of 5, almost in every case during the School Medical Examination on their admission to School.

Last year I made a comment that I was disturbed at the falling off in the number of children being immunised, and it is very encouraging to note that this year the number protected has been more than doubled. The same applies to the reinforcing dose for the 5 year olds; whereas there were only 22 who received the treatment in 1959, 82 received it in 1960.

TUBERCULOSIS.

There was only one case of Tuberculosis notified during 1960, a case of Pulmonary Tuberculosis, a Schoolgirl aged 13 years. The patient was admitted to Hospital for a spell of treatment. A thorough investigation was made of this case and the probable source of infection was found in the family. All children in the School who had been in contact with the infected girl were similarly checked and those who produced a positive result to the Tuberculin test were X-rayed. No infection was found amongst any of them.

During the year 4 cases were removed from the Tuberculosis Register, 2 having died, 1 having left the district, and 1 cured. At the end of 1960 there were 30 cases still remaining on the register, 25 of them Pulmonary cases and 5 Non-Pulmonary. During the year 3 cases were admitted to Hospital for investigation or treatment and 4 were discharged.

MASS RADIOGRAPHY.

We did not have a visit from the Mass Radiography Unit during 1960, but it is possible that we may have a visit towards the end of 1961 or early in 1962.

B.C.G. VACCINATION.

The scheme for vaccination of the 13/14 year old School children with B.C.G. was continued during the year. In the Schools concerned in the Penistone area the number tested was 210, of which 73 reacted to the test indicating that they had already met with the Tuberculosis organism at some time in their life, and 137 were negative to the test, indicating that they were susceptible to the infection. Besides those 210, the children vaccinated in 1959 were re-tested to ascertain whether or not they had become converted to Tuberculin Positive (i.e. successfully vaccinated) and in all 83 were so tested, 78 being successfully converted, and 5 about which we were less certain, although sure enough not to insist upon revaccination.

In my report for 1959 I mentioned that we were using the Freeze Dried Vaccine and that it was impossible to say what results we might have. It is obvious, therefore, that the results were excellent and that the Vaccine was very satisfactory. Incidentally, the Vaccine we used in 1960 was the Liquid Vaccine.

I think I must explain at this point that these figures mentioned cover the whole of the Penistone area, Urban and Rural, because the children being tested came from different parts of the district, some resident in the Rural District being tested at the Grammar School, whilst others were tested at Silkstone Secondary Modern School.

POLIOMYELITIS.

This is the third successive year in which we have had no case of Poliomyelitis to report. This is a very satisfactory state of affairs, and one is forced to the conclusion that this scheme for vaccination against Poliomyelitis is having some effect. There is one great fear, and that is that complacency owing to the absence of the illness might result in a lowering of the level of immunity amongst the public, and that would be tragic. We must do everything we can to encourage all young people up to the age of 40 to have this protection. Those who have had two injections, and it is at least 9 months ago since they had their second, should ask for the third injection. I have no doubt at all that before the Summer of 1961 the opportunity will be given to certain younger age groups to have even a fourth injection. It is a simple exercise to have this vaccination, and how well worth while it is to go to that little bit of trouble by travelling to the nearest Centre to have it done.

It would appear from experience of the last eighteen months or so that the young children are having this protection nearly as a routine measure. In fact it has been suggested that protection against Poliomyelitis is superceding that for Diphtheria as a "must" in a child's normal upbringing. There is no doubt that the younger element of the population is fairly well protected, but what I am worried about are those from late teenage to 40 years. I wish they were more concerned about matters like this, and would come along and get the protection.

It is very difficult to give the exact number of Penistone Urban District residents who were vaccinated during the year. Not all who have been so protected received that protection in Penistone. Some received it at work at Stocksbridge or in Barnsley, Huddersfield, or even in Sheffield, whilst children from outside the Penistone Urban area received protection at the Grammar School sessions. This is pretty general throughout the Division, and because of this I am afraid the best I can do is to give figures on a Divisional basis. The following table gives the picture of the number who received two injections and three injections respectively during 1960 :-

Persons who received two injections during 1960

Months	Age Group 1933-1942	Age Group 1943-1960	Age Group Prior to 1933 but under 40 years.	Others
January - March	350	176	30	17
April - June	325	100	176	77
July - September	320	51	202	29
October - December	134	405	276	-
TOTAL :	1,129	432	684	123

Total number of persons who received three injections during the year - 10,481.

GENERAL PROVISION OF THE HEALTH SERVICES.

HOSPITALS.

The General Hospitals available locally for the Penistone area are those in Barnsley and Sheffield. For certain parts of the area it may be more convenient to use the Huddersfield Hospitals.

Infectious Diseases are accommodated chiefly in Kendray Hospital, Barnsley, and others may be dealt with at Lodge Moor, Sheffield. Maternity cases are dealt with at the Hallamshire Maternity Home, Chapeltown, St. Helen Hospital, Barnsley, and Princess Royal Maternity Home, Huddersfield.

LABORATORY FACILITIES.

All Laboratory work is carried out by the two Public Health Service Laboratories, one at Wakefield and one at the City General Hospital, Sheffield.

MORTUARY.

There is a Mortuary in Penistone and this serves the surrounding area.

AMBULANCE SERVICE.

The service operating from the Ambulance Station at Hoyland remains the same. During 1960 the Base Transmitter was transferred from Kirk Balk School to the Water Tower at Hawshaw Lane, giving a wider radio coverage and making for much improved radio reception. A shorter working week has necessitated a redeployment of labour, but the new Telephone Service whereby the Hoyland Station is the Distributing Depot for all West Riding County Council Ambulance requests to the Sheffield area, has streamlined the system, making for greater control and easier operation.

CLINICS.

TUBERCULOSIS - held at Weston House, High Street, Penistone, on the first and third afternoons of each month. The principal Clinic is held at 46, Church Street, Barnsley, and is attended by the Tuberculosis Health Visitor, who also carries out domiciliary visiting in respect of Tuberculosis.

MATERNITY and CHILD WELFARE - held at the Golf House, Cawthorne, on alternate Wednesday afternoons. During 1960 there were 361 attendances, as compared with 349 the previous year. All aspects of the work are carried out here, including immunisation against Whooping Cough, Diphtheria and Poliomyelitis. Individual advice is given to the mothers by the Health Visitor. School Medical Inspections are held at these premises as required.

At Shrewsbury Road, Penistone, the Child Welfare Clinic is held each Monday afternoon. The Medical Officer and Health Visitors are in attendance and give individual and group advice on child care. Immunisation is carried out against Whooping Cough, Diphtheria and Poliomyelitis, and vaccination against Smallpox.

During 1960 there were 1,657 attendances as compared with 1,221 in 1959. Special sessions are also held at the Clinic at Penistone as the need arises. These include Immunisation sessions against Poliomyelitis, B.C.G. Vaccinations and Eye Clinics.

ANTE-NATAL - held at Shrewsbury Road, Penistone, every Tuesday afternoon by the General Medical Practitioners of the area. The Midwives working in the Penistone Urban and Rural areas attend and help in the ante-natal preparation of the expectant mothers.

MOBILE - sessions are held as follows :-

Crow Edge - Thursday mornings, fortnightly.
Thurgoland - Thursday afternoons, fortnightly.

Attendances during 1960 :-

Crow Edge - 100, as compared with 174 in 1959.
Thurgoland - 295, as compared with 165 in 1959.

The Land Rover drawing the Caravan still continues to be used to collect mothers and children from the outlying parts and bring them to the centre where the Mobile Clinic is based.

Although the number of attendances at the Clinic is not large, it is a very necessary service for people living in rural areas. In the case of the Clinic at Thurgoland it is encouraging to note the increase in attendances during the year.

The Health Visitor attends each session of the Mobile Clinic giving individual advice to mothers on all aspects of health. The Medical Officer attends to give specialist advice and carry out the immunisation programme.

RELAXATION and MOTHERCRAFT CLASS - held fortnightly at Shrewsbury Road, Penistone, on Wednesday afternoon. This Class is the responsibility of the Midwives of the area, who give talks and demonstrations on ante-natal care, preparation for labour, delivery, etc.

HEALTH VISITING SERVICE.

The Health Visiting staff in this area continues to be at full strength although, with effect 1st November, certain changes were made with the result that as at 31st December the Health Visitors covering the Penistone Urban and Rural areas are:-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Miss R.M. Townend.	Ashburn, Shelley, Nr. Huddersfield.	Kirkburton 472
Miss K. Power.	11, Wood View, Elsecar, Nr. Barnsley.	Hoyland 3169.

The Health Visitors continue to visit all types of homes in the area, teaching the principles of health and advising on all aspects of health and social problems.

During the year it was decided that a Phenylketonuria test should be carried out on the urine of every child between the ages of 4 and 6 weeks. Arrangements were made that if the test should be positive, further investigation would be carried out at the Hospital. All tests carried out in the area were negative.

The number of visits carried out to the homes during the year by the Health Visitors was 3,309.

HOME NURSING SERVICE.

During the year several changes took place with regard to Home Nursing staff. Mrs. Guckion resigned from the Thurgoland area with effect from the 31st March, and Mrs. Henderson, who had been a Relief Nurse in the Division for several years, took over this area.

Miss S. Thwaites, District Nurse/Midwife for Penistone, commenced her Queen's District Training in Sheffield in October for a period of three months, and she will return to her area on the 9th January, 1961. During her absence the work has been carried out by the County Relief Home Nurse/Midwife, Miss M.I. Harris.

Mrs. R. Chambers was sent for her Queen's District Training during the year, and returned to duty on the 4th September.

The staff, therefore, at the 31st December, 1960, is :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Mrs. M.E. Henderson.	22, Cross Lane, Stocksbridge.	Stocksbridge 3338.
Mrs. R. Chambers. (Relief)	76, Fir Tree Estate, Thurgoland.	
Miss M. Thompson. (D.N.M.)	34, Victoria Street, Penistone.	Penistone 2267.
Miss M.I. Harris. (County Relief D.N.M.)	St. John's, Penistone.	Penistone 3250.

There has been, throughout the year, a full Home Nursing staff who are mobile and available on the telephone, with the exception of Mrs. Chambers who is not yet connected to the Telephone Service.

During the year the Nurses in the Penistone Urban and Rural areas attended 264 cases, performing in all 5,892 visits.

MIDWIFERY SERVICE.

The area continues to be served by two Home Nurse/Midwives who, during 1960, attended 100 confinements in the Penistone area, as compared with 113 in 1959. Of these, 15 availed themselves of Gas and Air Analgesia. Both Midwives are mobile, having the use of County Cars.

During 1960 the Midwives received training in the administration of Trilene Analgesia, and it is hoped to provide them with machines during the coming year for use on their districts.

The Midwives available as at the 31st December, 1960 :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Miss J.L. Bain.	"Plevna", Silkstone Common, Silkstone Nr. Barnsley.	356.
Miss M. Thompson. (D.N.M.)	34, Victoria Street, Penistone.	Penistone 2267.
Miss N.I. Harris. (County Relief D.N.M.)	St. John's, Penistone.	Penistone 3250.

Miss Thwaites, the Home Nurse/Midwife, returns to her area on the 10th January, 1961, when she completes her "Queen's District Nurses Training".

DOMESTIC HELP SERVICE.

During 1960 there has been a considerable increase in the number of cases receiving the services of a Home Help, and also in the number of hours worked. In the Penistone Urban District during 1960 the number of Domestic Help hours provided was 6,099, an increase of 1,735 hours as compared with those for 1959. In all 13 Domestic Helps were employed at 35 homes, as compared with 10 Domestic Helps employed at 10 homes the previous year. There were 18 cases continuing from 1959, but the others were new ones. The following table explains the type of cases whose homes were cared for :-

General cases, 65 years and over	...	...	29.
General cases, under 65 years...	...	...	4.
Maternity cases	...	...	2.
Tuberculosis cases..	...	...	-
Others	...	...	-
			<u>35</u>

This service continues to provide help to the old people, helping them to remain in their own homes. In addition to helping them with their domestic work, the Home Help also prevents loneliness to some extent, although it must, of course, be realised that neighbourly interest and the attentions of their own family are of paramount importance in the prevention of loneliness.

The Home Helps employed in the service are very capable women, and many of them give help outside the scope of their duties. In view of the increased demands on the service in the Penistone area it has been very difficult to provide the extra staff. It is not easy to find women eminently suitable to undertake this work. The service could be expanded further if more women could be recruited.

NATIONAL ASSISTANCE ACT, 1948.

No action was taken under Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

MENTAL HEALTH SERVICE.

The Mental Health Act (an Act to repeal the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938) received the Royal assent on the 29th July, 1959, and became effective as from the 1st November, 1960. The proposed changes are designed to give the maximum encouragement to persons suffering from any form of mental disorder to seek treatment promptly and voluntarily; at the same time it ensures that there is adequate restraint and safeguards where patients, in their own interests or for the safety of others, must be compulsorily admitted to Hospitals and detained during treatment.

Prior to the 1st November, 1960, mental illness and mental subnormality were dealt with in two separate and distinct ways and with separate staff. It was felt that with the introduction of the new Act all members of the Mental Health Team should be all-purpose workers. Changes of this kind take time and so the staff services operative before the Act will continue to be available.

The West Riding is served by nine large Mental Hospitals. It was decided to divide the County into seven Mental Health Areas, each based on a Mental Hospital, each area to be self contained with regard to Social Workers. It was possible to do this because two of the Hospitals are outside the County but could be incorporated satisfactorily into the general scheme for one or other of the remaining seven areas. It is hoped in time to have seven areas fully staffed, with a Senior Mental Welfare Officer in each, covering the areas served by the following Mental Hospitals:-

Scalebor Park, Burley in Wharfedale.

Naburn and Bootham Park Hospital, York.

Clifton Hospital, York.

Stanley Royd Hospital, Wakefield.

Middlewood Hospital, Sheffield.

Storthes Hall Hospital, Kirkburton, Nr. Huddersfield.

Menston Hospital, Menston, near Leeds.

From the 1st November, 1960, with the seven Senior Mental Welfare Officers appointed, and the promise of the additional staff, this new Mental Health Act became operative and the tremendous task of co-ordinating a close liaison with Mental Hospitals, General Practitioners, Psychiatrists and other services best suited to the particular Mental Health Area.

At the 1st November there was a Senior Mental Welfare Officer operating in the Catchment Area of Storthes Hall Hospital and your District Council comes within this area. One Mental Welfare Officer and the part-time services of another were available at Divisional level when the service commenced.

It is too early to give any indication as to how the service is developing, but it is hoped that by the scheme outlined a service will arise which will serve the needs of the mentally ill.

CHIROPODY SERVICE.

The West Riding County Council established throughout its area a Chiropody Service to cater for the needs of the aged (i.e. persons of pensionable age), the physically handicapped (i.e. a person suffering from a handicap which is directly associated with the need for Chiropody or a handicap which in itself would prevent him attending to his own feet, e.g. the blind), and the expectant Mother. The treatment, subject to need, will continue for a year or for a shorter period if that shorter period completes the treatment. The scheme came into operation on the 1st February and the first Clinic held in Penistone was on the 17th May.

There are two ways in providing this service :-

- (1) a direct service provided by the Local Health Authority, or
- (2) a grant in aid from the Local Health Authority to a Voluntary Association who was providing or would provide such a service.

So far as Penistone district is concerned we have a direct service where the Chiropodist visits the Central Clinic at Shrewsbury Road, Penistone.

Those patients who by reason of illness or other handicap and whose Doctor has so certified them as being unable to travel to the fixed Clinic, may have domiciliary treatment, and in the Penistone area this domiciliary treatment has been carried out.

If a person is found to require chiropody treatment an application is made on a specified form to the Divisional Medical Officer for formal approval and the Chiropodist operating in the area is duly notified, and he or she will, in turn, offer an appointment by postcard to the applicant.

During the first few months of the service, like all new machines, there were some little points of difficulty to overcome and some sluggishness in the routine duties. Before the end of the year everything was working satisfactorily and all applicants for treatment were dealt with almost as soon as approval was obtained in the Divisional Medical Officer's Department. There was, in effect, no waiting time at all.

During the year in the Penistone Urban area 58 patients attended the Clinic at Penistone, and in all they received 153 treatments. During the same period 19 patients received domiciliary treatment, involving 43 treatments or visits to the homes. Of the latter 19 patients 6 were physically handicapped persons, they requiring 18 of the 43 visits. It has been reported to me by the Chiropodist that on six occasions she made a domiciliary visit by appointment and found that the patient was not at home; in consequence the visit was ineffective.

DISTRIBUTION OF WELFARE FOODS.

The amount of Welfare Foods issued in the Penistone Urban District during 1960 was as follows :-

National Dried Milk	-	749 tins.
Cod Liver Oil	-	746 bottles.
Vitamin A and D Tablets	-	441 (packets of 45)
Orange Juice	-	3,902 bottles.

These foods are issued at the following Centres throughout the Division on the days and times stated :-

<u>Address of Premises.</u>	<u>Days.</u>	<u>Times.</u>
<u>STOCKSBRIDGE URBAN DISTRICT.</u>		
Child Welfare Centre, British Hall, Stocksbridge.	Tuesday	10 - 12 a.m. 1.30 - 3.30 p.m.
	Friday	10 - 12 a.m.
<u>PENISTONE URBAN DISTRICT.</u>		
Child Welfare Centre, Shrewsbury Road, Penistone.	Monday	2 - 4 p.m.
Mr. A. Dyson, Town End, Thurlstone.	During shop hours.	
<u>PENISTONE RURAL DISTRICT.</u>		
Child Welfare Centre, Golf Club, Cawthorne.	Alternate Wednesdays.	1.30 - 3.30 p.m.
Private House, Mrs. Pratt, Fir Tree, Thurgoland.	On application at house (except Sundays)	
Stocksbridge Co-op., Crane Moor, Sheffield.	During shop hours.	
Mrs. Thickett, Post Office, Oxspring.	During shop hours.	
<u>HOYLAND NETHER URBAN DISTRICT.</u>		
Mrs. Taylor, 70, Sheffield Road, Hoyland Common.	Thursday	2 - 4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Hoyland.	Tuesday	11 - 12 a.m. 2 - 4 p.m.
<u>WORTLEY RURAL DISTRICT.</u>		
Clinic, Parish Hall, Oughtibridge.	Thursday	2 - 4 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2 - 4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapeltown.	Wednesday	11 - 12 a.m. 2 - 4 p.m.
Clinic, Methodist Chapel, High Green.	Tuesday	2 - 4 p.m.
Colley Estate Clinic, Wordsworth Ave., Sheffield, 5.	Monday Wednesday	2 - 4 p.m. 2 - 4 p.m.
Clinic, Methodist Chapel, Norfolk Hill, Grenoside.	Thursday	2 - 4 p.m.
Child Welfare Centre, Scout Hall, Tankersley.	Alternate Mondays	2 - 4 p.m.
Child Welfare Centre, Knowle Top, Stannington.	Wednesday	2 - 4 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays	1.30 - 3.30 p.m.

SANITARY CIRCUMSTANCES OF THE AREA.

(Prepared by Mr. D. Tutin)

The following is a tabulated list of inspections made during the year:-

<u>DWELLING HOUSES.</u>			<u>1960</u>
Inspections under Housing Regulations.			49
Reinspections under Housing Regulations.			61
Inspections not under Housing Regulations.			53
Reinspections not under Housing Regulations.			141
<u>NUMBER OF VISITS TO:</u>			
Slaughterhouses.	....	....	602
Butchers Shops.	....	....	17
Other Food Premises.	....	....	133
Public Conveniences.	....	....	18
Market.	....	....	51
Licensed Premises.	....	....	9
Refuse Tips.	....	....	47
<u>INSPECTIONS UNDER:</u>			
Petroleum Acts.	....	....	36
Factories Acts.	....	....	61
<u>INFECTIOUS DISEASES:</u>			
Primary Visits.	....	....	31
<u>DRAINAGE.</u>			
New Lengths Inspected and Tested.	....	....	93
Drainage Nuisances.	....	....	51
<u>OTHER INSPECTIONS & VISITS.</u>	....	....	413
Rodent Control.	....	....	61
			<u>1927</u>
<u>NUISANCES ETC. ON BOOKS WITH NUMBER OF NOTICES SERVED.</u>			
Nuisances in hand, end of 1959.	....	....	51
Nuisances found during 1960.	....	....	62
Notices served, informal.	....	....	62
Nuisances abated during 1960.	....	....	71
Nuisances outstanding at end of 1959.	....	....	42

CLOSET ACCOMMODATION.

1960.

Approximate number of Water Closets.	2850
" " " Privies.	52
" " " Waste Water Closets.	10

Although there was only a small reduction in the number of privies during the year the majority of privies now existing are in areas where there are no sewerage facilities, and in this respect the position is reasonably satisfactory.

FOOD PREPARING PREMISES AND SHOPS.

The following food shops exist in this area.

8 Grocers.
6 Butchers.
3 Confectioners.
1 Snack Bar.
25 General Dealers.
3 Greengrocers.
6 Fried Fish Shops.

Included in the above are 26 premises which are registered for the sale of ice-cream.

During the earlier part of the year particularly it was found possible to make many more visits to food premises and, in particular, inspections were carried out of approximately 25 mobile food shops and ice-cream vans which operate in the area. Generally speaking the standard of hygiene was found to be satisfactory and there was little cause for complaint.

MEAT INSPECTION.

The number of animals killed during the year rose to just over 29,500, which is an increase of approximately 2,000 over last year. The position regarding the amount of overtime spent on meat inspection is better than it has been in recent years but is still not very satisfactory. It is unfortunate that, due to their business commitments, slaughterhouse occupiers find it necessary to kill animals during the evenings and at week-ends although they may not have been working full time during the week. I think it would be advisable if local authorities were given the power to regulate the hours of slaughtering within their districts. The Council's Slaughterhouse Report was completed during the year and this work entailed many inspections and discussions with the various occupiers. It is anticipated that all four slaughterhouses in the district will be brought up to a satisfactory standard and will continue to operate after the Slaughterhouse Regulations are fully in force. Some statistics regarding meat inspection and private slaughtering are given in Appendix I to this report.

INFECTIOUS DISEASES.

During the year the houses of all cases of infectious diseases notified to this office have been visited and where necessary advice and help have been offered regarding the control of the spread of infection.

REFUSE COLLECTION AND DISPOSAL.

The refuse collection service during the year has not been very satisfactory. It has been very difficult at times to maintain even a 10 day collection, and in many instances the collection period has extended to a fortnight. This is very unfortunate, as I consider wherever possible, a weekly collection should be maintained. The main reason for this depreciation in the service is the increased difficulty of obtaining men to do this job. It has been found almost impossible to obtain replacements, even on a temporary basis, whilst men are off work due to illness or taking holidays. Towards the end of the year the Council attempted to improve the situation by suggesting that a bonus scheme should be introduced but this did not meet with any success. No doubt in the near future the Council will have to consider the purchase of another refuse vehicle but whether or not men will be found to staff it remains to be seen.

SALVAGE.

The sale of waste paper during the year realized the sum of £236 4s. 7d., and the sale from other salvage realized the sum of £2 10s. 6d.

RODENT CONTROL.

Towards the beginning of the year some difficulty was experienced in the question of rodent control, again due to the difficulty of obtaining labour to do this job on a part-time basis. Towards the end of the year, however, the Council decided to employ an additional labourer on a full-time basis who would spend part of his time on rodent control. I am hoping, therefore, that in the future this service will be more satisfactory.

HOUSING AND PROPERTY MANAGEMENT.

During the year many hundreds of visits were made to Council property in connection with repair or improvement. 68 houses were painted during the year 48 by Contract and 20 by the Council's own workmen. The total cost of repair work during the year, including painting, was nearly £7,000.

The scheme for the replacement of cooking ranges by tiled surrounds was continued, and a further 48 houses had this improvement carried out. During the year 24 Council houses were completed on the Shrewsbury Road Site and a further contract for 24 houses was commenced.

NEW HOUSES.

During the year 40 houses were built by private enterprise bringing the total number of houses in the district to 2,479. This figure also takes into account the fact that 13 houses were closed under the provisions of the Housing Act.

FACTORIES ACTS.

In the early part of the year it was found possible to devote additional time to the inspection of factories and 61 visits were carried out for this purpose. Generally speaking the conditions were satisfactory but where minor defects were found informal action was taken requiring the occupier to carry out the necessary work. Appendix II to this report gives the necessary details of factories as required by the Ministry of Health.

SEWERS AND SEWAGE DISPOSAL WORKS.

During the year the sewage disposal works at Moylandswaine and Thurlstone have continued to function satisfactorily. From time to time the inspector of the Yorkshire Ouse River Board takes samples of the effluents and in each case they have been found to be up to a good standard. The conditions at Springvale sewage disposal works continue to deteriorate and I hope that the Council will make an early decision concerning new sewage disposal facilities for this area.

CATTLE MARKET.

The table below shows the total number of animals passing through the market during the year.

	CATTLE.	CALVES.	SHEEP.	PIGS.	TOTAL.
Dairy.	43 (89)	- -	403 (113)	355 (390)	801 (592)
Fatstock.	2482 (2302)	120 (257)	2810 (2481)	1415 (1811)	6827 (6851)
				Total	7628 (7443)

A P P E N D I X.

MEAT AND FOOD INSPECTION.

YEAR ENDING DECEMBER, 1960.

All animals whose slaughter was notified during the year have been inspected and those showing evidence of disease examined in detail.

The total weight of meat and offals condemned as unfit for human consumption was 22 tons 10 cwt. 3 qrs.

	W.MARSDEN.	E.MARSDEN.	HELLIWELL.	HINCHLIFF.	TOTAL
Cows.	1770	1	7	17	1795
Other Cattle.	1355	121	104	244	1824
Calves.	274	-	-	1	275
Sheep.	11,170	47	226	191	11,634
Pigs.	13,679	-	87	323	14,089
				TOTAL	29,617

The following table shows the number of animals slaughtered and the percentage affected with tuberculosis or other disease:-

Class of Animal.	Cows.	Cattle Excluding Cows.	Calves.	Sheep and Lambs.	Pigs.
Number Inspected.	1795	1824	275	11,634	14,089
<u>All disease except Tuberculosis.</u>					
Whole carcasses condemned.	2	-	2	25	21
Carcasses of which some part or organ was condemned.	674	181	1	193	3,134
Percentage of carcasses affected with disease other than tuberculosis.	32.1%	9.92%	1.09%	1.8%	22.39%
<u>Tuberculosis Only.</u>					
Whole carcasses condemned.	5	3	-	-	2
Carcasses of which some part or organ was condemned.	106	65	-	-	208
Percentage of carcasses affected with tuberculosis.	6.18%	3.72%	-	-	1.49%

OVER/.....

Details of carcasses and part carcasses condemned are given below:-

8 Carcases of beef and offal	- Generalised Tuberculosis.
1 Carcase of beef and offal	- Bruising.
1 Carcase of beef and offal	- Decomposition.
3 Carcases of pork and offal	- Decomposition.
2 Carcases of pork and offal	- Generalised Tuberculosis.
14 Carcases of pork and offal	- Fevered.
1 Carcase of pork and offal	- Jaundice.
1 Carcase of pork and offal	- Enteritis.
1 Carcase of pork and offal	- Peritonitis.
1 Carcase of pork and offal	- Moribund.
6 Carcases of mutton and offal	- Moribund.
11 Carcases of mutton and offal	- Oedema.
3 Carcases of mutton and offal	- Septic Pneumonia.
1 Carcase of mutton and offal	- Decomposition.
3 Carcases of mutton and offal	- Fevered.
1 Carcase of mutton and offal	- Gangrenous.
1 Carcase of veal and offal	- Moribund.
1 Carcase of veal and offal	- Fevered.
8 Part carcasses of beef	- Tuberculosis.
4 Part carcasses of beef	- Bruising.
1 Part carcase of beef	- Fracture.
1 Part carcase of pork	- Fracture.
1 Part carcase of mutton	- Bruising.
1 Part carcase of mutton	- Injury.
1 Part carcase of veal	- Fevered.

The following offals were condemned for various reasons too numerous to set out in detail:-

165 Beasts heads & tongues.	55 Sheeps plucks.
429 Beasts livers.	118 Sheeps livers.
184 Beasts lungs.	17 Sheeps lungs.
125 Beasts intestines.	2 Sheeps intestines.
155 Beasts hearts.	180 Pigs heads.
25 Beasts skirts.	154 Pigs plucks.
11 Beasts kidneys.	2784 Pigs lungs.
5 Beasts stomachs.	143 Pigs livers.
8 Beasts spleens.	118 Pigs intestines.
481 Cows udders.	5 Pigs kidneys.
1 Calf liver.	1 Pigs spleen.

A P P E N D I X II

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

IN RESPECT OF THE YEAR 1960 FOR THE

URBAN DISTRICT OF PENISTONE IN THE

COUNTY OF YORKSHIRE.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937.

PART I OF THE ACT.

1 -- INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Section 1,2, 3,4, and 6 are to be enforced by Local Authorities	1	2		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	28	55	4	
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	3	10		
	32	67	4	

2 -- Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

(1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)					
Overcrowding (S.2)					
Unreasonable temperature (S.3)					
Inadequate ventilation (S.4)					

	Number of cases in which defects were found				Number of Cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7)					
(a) Insufficient					
(b) Unsuitable or defective	4	4			
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to out-work)				1	
Total	4	4		1	

PART VIII OF THE ACT

Outwork

(Sections 110 and 111)

	Section 110			Section 111		
	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of Prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
	(2)	(3)	(4)	(5)	(6)	(7)
Umbrellas	2	NIL		NIL		
Other work listed	NIL					
TOTAL	2	NIL		NIL		

